

*This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.*

1. Our Pledge Regarding Medical Information
  - a. The privacy of your medical information is important to us. We understand that your medical information is personal and we are committed to protecting it. We create a record of the care and services you receive at our organization. We need this record to provide you with quality care to comply with certain legal requirements. This notice will tell you about the ways we may use and share medical information about you. We also describe your rights and certain duties we have regarding the use and disclosure of medical information.
2. Our Legal Duty
  - a. Law REQUIRES us to:
    - i. Keep your medical information private
    - ii. Give you this notice describing our legal duties, privacy practices, and your rights regarding your medical information.
    - iii. Follow the terms of the current notice
  - b. We have the right to:
    - i. Change our privacy practices and the terms of this notice at any time, provided that the changes are permitted by law
    - ii. Make the changes in our privacy practices and the new terms of our notice effective for all medical information that we keep, including information previously created or received before the changes
3. Notice of Change to Privacy Practices
  - a. Before we make an important change in our privacy practices, we will change this notice and make the new notice available upon request
4. Use and Disclosure of your medical information

The following section describes different ways that we use and disclose medical information. Not every use or disclosure will be listed. However, we have listed most of the different ways we are permitted to use and disclose medical information. We will not use or disclose your medical information for any purpose not listed below, without your specific written authorization. Any specific written authorization you provide may be revoked at any time by writing to us.

- a. FOR TREATMENT  
We may disclose your health care information to other healthcare professionals within our practice for the purpose of treatment, payment, or healthcare operations. We may also share medical information about you to your other health care providers to assist them in treating you.
- b. FOR PAYMENT  
We may disclose your health information to our third party billing company and to your insurance provider for the purpose of payment or healthcare operations. The information on or accompanying the bill may include your medical information
- c. FOR HEALTH CARE OPERATIONS  
We may use and disclose your medical information for our health care operations. We may disclose your health information as necessary to comply with State Worker's Compensation Laws

d. ADDITIONAL USES AND DISCLOSURES

- i. In addition to using and disclosing your medical information for treatment, payment, and health care operations, we may use and disclose medical information for the following purposes.
- ii. We may disclose your health information to notify or assist in notifying a family member, another person responsible for your care about your medical conditions or in the event of an emergency or at your death
- iii. As required by law, we may disclose your health insurance to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.
- iv. We may disclose your health information in the course of any administrative or judicial proceeding
- v. We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes
- vi. We may disclose your health information to coroners or medical examiners
- vii. We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board
- viii. It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public
- ix. We may disclose your health information for military, national security, prisoner and governmental benefits purposes
- x. We may leave a message on an automated answering device or person answering the phone for the purposes of scheduling appointments. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office if you need to cancel or reschedule your appointment.
- xi. We may contact you by phone, mail, or email. It is our practice to participate in charitable and marketing events to raise awareness, food donations, gifts, money, etc. During these times we may send you a letter, postcard, invitation, or call your home to invite you to participate in the charitable activity.
- xii. We may ask you for a verbal or written permission to use photos or stories of you through your healthcare journey for our website, blogs, or social media applications.
- xiii. In the event that we are sold or merged with another organization, your health information/record will become the property of the new owner. You have the right to request restrictions or certain uses and disclosures of your health information. Please be advised, however, that we are not required to agree to the restriction that you requested.
- xiv. You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon you request.
- xv. You have the right to inspect and copy your health information, keeping in mind there are fees and costs to your medical records
- xvi. You have the right to request that we amend your protected health information. Please be advised, however, that we are not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will

be provided with an explanation of your denial reasons and information about you can disagree with the denial.

- xvii. You have the right to receive an accounting of disclosures of your protected health information made by us
- xviii. You have the right to a paper copy of this Notice of Privacy Practice at any time upon request
- xix. We reserve the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, we are required by law to comply with this Notice.
- xx. We are required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice or if you want more information about your privacy rights, or have complaints about your Privacy rights, or how we handled your health information, please contact us by calling this office (808) 674-1142. If our Privacy Officer is not available, you may make an appointment for a personal conference in person or by telephone within 3 working days.
- xxi. If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to: DHHS, Office of Civil Rights, 200 Independence Avenue, S.W, Room 509F HHH Building, Washington, DC 20201

I have read the Privacy Notice and understand my rights contained in the notice. By way of my signature, I provide the company above with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice.